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Complete if Known

Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Claims Fee (\$) Fee Paid (\$) Sheets of fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)	Fees pursuant to the Consolidate	ed Appropriati		R. 4818).	Application Num	nber	10/611,871-Co	nf. #4164			
First Name Inventor Minethiro KONYA Examiner Name Daniel F. Hajnik	FFF TRA	NSM	ITTAL		Filing Date		July 3, 2003				
Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2628					First Named Inv	entor	Minehiro KONY	/A			
METHOD OF PAYMENT (check all that apply) Check	For I	- Y 200	8		Examiner Name		Daniel F. Hajni	k	(
METHOD OF PAYMENT (check all that apply)	Applicant claims small	entity status.	See 37 CFR 1.27	,	Art Unit		2628				
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number Q2-2448 Deposit Account Number D2-2448 Deposit Account Number D2-2448 Deposit Account Number Birch, Stewart, Kolasch & Birch, LLP	TOTAL AMOUNT OF PAYMEN	п	(\$) 1,030.0	0	Attomey Docket	No.	0033-0892P				
Deposit Account Deposit Account Name Deposit Deposi	METHOD OF PAYMENT	(check all	that apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below	Check Credit C	ard I	Money Order	No	ne Other (please identi	fy):				
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Tee(s) under 37 CFR 1.16 and 1.17		-						cept for ti	ne filing fee		
Application Type											
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Utility	Application Type	Fee (\$)		Fee (\$		Fee (\$)		Fees F	Paid (\$)		
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee (\$) Fee Paid (\$) Total Chaims Fee (\$) Fee Paid (\$) Total Sheets Fee S J U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Fee (\$) Fee (\$) Fee Paid (\$) Total Sheets Fee Total Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee (\$) Fee Paid (\$) Total Sheets Fee (\$) Fee Paid (\$) Total Sheets Fee (\$) Fee (\$) Fee Paid (\$) Total Sheets Fee (\$) Fee (\$) Fee Paid (\$) Total Sheets Fee (\$) Fee (\$) Fee Paid (\$) Total Sheets Fee (\$) Fee (\$) Fee Paid (\$) Total Sheets Fee (\$) Fee (\$) Fee (\$) Fee Paid (\$) Total Sheets Fee (\$) Fee (\$) Fee Paid (\$) Total Sheets Fee (\$) Fee (\$) Fee Paid (\$) Total Sheets Fee (\$) Fee (\$) Fee (\$) Fee Paid (\$) Total Sheets Fee (\$) Fee (\$) Fee Paid (\$) Total Sheets Fee (\$) Fee (\$) Fee Paid (\$) Total Sheets Fee (\$) Fee (\$) Fee (\$) Fee Paid (\$) Total Sheets Fee (\$) Fee (\$) Fee (\$) Fee Paid (\$) Total Sheets Fee (\$) Fee (\$) Fee Paid (\$) Total Sheets Fee (\$) Fee Paid (\$) Total Sheets Fee (\$) Fee Paid (\$) Fee	•										
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Signature Robert Roun # 48, 222 Registration No. (703) 205-8011	SUBMITTED BY										
,	Signature Role #	Dogue	#482	222	Registration No. (Attorney/Agent)	19,382	Telephone	(703) 20	5-8011		
	Name (Print/Type) Terrell C.		· · · · · · · · · · · · · · · · · · ·		,		Date N	lovember	30, 2007		

TCB/RWD/tdo



PTO/SB/32 (11-07)
Approved for use through 11/30/2007. OMB 0651-0031
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REQUEST FOR ORAL HEARING				Docket Number (Optional)			
BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES				0033-0892P			
	In re Application	of	ro KONY/	A et al.			
	Application Num	her	Filed				
	1 ''	71-Conf. #41	54	July 3, 2003			
	For MOBILE EQUIPMENT WITH THREE DIMENSIONAL DIS						
	Art Unit	2628	Examine	er Daniel F. Hajnik			
Applicant hereby requests an oral hearin above-identified application.	ng before the Board	of Patent App	eals and in	nterferences in the appeal of the			
he fee for this Request for Oral Hearing	is (37 CFR 41.20(b))(3))		\$1,030.00			
Applicant claims small entity state above is reduced by half, and the		27. Therefore	, the fee sh	nown \$			
A check in the amount of the fee	is enclosed.						
Payment by credit card. Form P	ΓO-2038 is attached	i.					
The Director has already been au I have enclosed a duplicate copy	uthorized to charge of this sheet.	fees in this app	olication to	a Deposit Account.			
X The Director is hereby authorized	I to charge any fees	which may be	required,	or credit any overpayment			
to Deposit Account No.	02-2448 . 1	have enclosed	l a duplica	te copy of this sheet.			
A petition for an extension of time For extensions of time in reexam	e under 37 CFR 1.1 ination proceedings	36(b) (PTO/SB , see 37 CFR	/23) is end 1.550.	closed.			
WARNING: Information on this be included on this form. Provi	form may become de credit card info	public. Cred	it card info authorizat	ormation should not ion on PTO-2038.			
am the							
applicant/inventor.			Robi	EX Poune # 48,222 Signature			
assignee of record of the entire in See 37 CFR 3.71. Statement und (Form PTO/SB/96)		is enclosed.		Terrell C. Birch Typed or printed name			
x attorney or agent of record.			November 30, 2007				
Registration number 19,3	82	•		Date			
attorney or agent acting under 37	CFR 1.34.						
Registration number if acting under 37	CFR 1.34.			(703) 205-8011			
NOTE: Signatures of all the inventors or ass Submit multiple forms if more than one signa			heir represer	Telephone number ntative(s) are required.			
*Total of 1 forms are subm	itted.		12/03/	2007 JADDO1 00000079 022448 0			

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